This submission is from Abortion Support Network (ASN)

ASN is not a campaigning organisation or experts in abortion law but an abortion fund. This means we believe “I can't afford an abortion” shouldn't be the only reason someone becomes a parent. ASN provides information on the least expensive way to access a safe and legal or a safe and illegal abortion in places where abortion is criminalised.

The people who contact our service tend to be the most vulnerable, at risk, marginalised of those people impacted by restrictive abortion laws.

We are submitting this document as an organisation with expertise on the most vulnerable women and pregnant people in Northern Ireland.

We will point out the ways in which the current situation – access to safe, illegal early medical abortion pills online and access to free abortion services in England – are failing the people who fall through the cracks in this provision.

We implore the UK government to make abortion free, safe, legal and LOCAL to people in Northern Ireland.

INTRODUCTION

1. Abortion Support Network (www.asn.org.uk, UK Registered Charity 1142120), is a grassroots organisation that provides information on the least expensive way to arrange an abortion and travel, information on the two reputable providers of safe but illegal early medical abortion pills, funding towards the £400 to £2500 or more it can cost to access an abortion in England or elsewhere, and, where needed, accommodation in volunteer homes. We currently provide this service for people resident in Ireland, Northern Ireland and the Isle of Man, and have been doing this since 2009. Abortion Support Network is a very small charity, which was completely run by volunteers until 2015, when we began paying a part time contractor, and since then have increased that person’s hours to full time and, in 2018, brought on a part time Chief Executive and Fundraising manager (one person, 4 days per week). We also have a one day per week Bookkeeper.

2. ASN’s helpline team and many of ASN’s operations are led largely by volunteers, and most of our funding (over 90%) comes from donations from private individuals. While organisations like Alliance for Choice, the Northern Irish Family Planning Association, Amnesty NI and others work towards the cure to Northern Ireland’s abortion law (law reform), Abortion Support Network serves as a plaster. What keeps us up at night, in addition to some of what we hear on the helpline from some of our most vulnerable clients, are those who do not find out about our services.

3. ASN apologises for the hurried nature of this submission but we are a very small team doing our best to raise funds for and answer calls and emails from women and pregnant
people in our current jurisdictions, and don’t do a lot of political or campaigning work. We would encourage you to read submissions from Alliance for Choice and the British Pregnancy Advisory Service as they are both collecting the experiences of individual women who have travelled or accessed illegal tablets online. ASN would also be willing to meet with anyone from the Department of Women and Equalities about our experience with those most negatively impacted by Northern Ireland’s abortion law.

ASN’s Submission

4. Since ASN began in October 2009, we have aided almost 5000 women, couples and families. **1,080 of these have been women and pregnant people resident in Northern Ireland.** Numbers of calls from Northern Ireland were steady from 2012 until 2015 despite increases in contact from the Republic of Ireland. ASN felt this was due to the availability and awareness of safe but illegal early medical abortion pills online. In 2016, the year the PSNI in Northern Ireland first arrested someone for obtaining these tablets, calls and emails from Northern Ireland increased by 14% over previous years and climbed again in 2017. In 2018, we have seen a bit of a reduction.

5. Making abortion against the law, or restricting it in any way, does not stop abortion. It just stops safe abortion. For most people in Northern Ireland, the law is an inconvenience. Most people have a support network, a credit card, travel documents, a job. ASN’s clients are not most people. Our clients have ranged in age from women of 53 to girls of 12, have come from across the country and have a vast array of circumstances. Their common denominator is that they are pregnant, they do not want to be pregnant or the pregnancy is not viable, they do not have £400 to £2000+, and they never thought they would need to call strangers in England and ask for money and help to get an abortion.

6. While people in Northern Ireland can access tablets on the internet, the fact that they face prosecution for doing so has only served to pressure people into attempting more dangerous and desperate methods. Here are some of the things ASN clients based in Northern Ireland have done in attempt to self-abort or raise funds to travel prior to finding out about our organisation:

- Skipped paying rent for a month
- Sold the kids’ Christmas presents
- Not fixed the brakes on the family car
- Asked the rapist for a loan
- Fed the family beans on toast for three weeks
- Considered how to crash the car to cause a miscarriage but not die
- Taken three packages of birth control pills with a bottle of vodka
- Googled “how to self-abort”
- Borrowed money from loan sharks and disreputable people
- Taken all the medication in the family medicine cabinet

This is not conjecture or scaremongering or exaggeration. These are real measures that real people have told ASN they have taken — and these are just the ones in Northern Ireland that we are remembering off the top of our head.

7. In our almost 10 years of doing this, we are very often told that the law is not an obstacle, because people can “just travel” for abortion. We continue to respond that while yes, most people can “just travel”, there are people who cannot. These people
tend to be the most vulnerable and marginalised people. Examples of ASN service users who have faced issues obtaining abortions include:

- A woman who was in a relationship with an abusive, controlling man. (Many of our clients are in or escaping abusive relationships). She was pregnant despite having an IUD. However, the IUD had migrated from her cervix, which meant obtaining an abortion via early medical abortion pills sourced online could have been dangerous. She went to four different healthcare providers seeking to get the IUD removed. Each provider did an ultrasound to find the placement of the IUD and each refused to remove the coil as to do so might cause a miscarriage, leaving them liable to imprisonment for performing an abortion. This was despite the client telling them of her wish to terminate her pregnancy.

- A young woman with serious mental health issues who was not able to travel. She was fourteen weeks pregnant and despite several suicide attempts was not considered eligible for an abortion in Northern Ireland on risk to life grounds as her mental health issues pre-dated her pregnancy.

- A woman with a very ill partner and several children and no one in her life willing to help her access an abortion, financially or otherwise. Due to her caring responsibilities, she could not travel.

- Two young people in foster care, both incorrectly told they were not allowed to travel to England to access abortion because they were wards of the state (we shared these two cases with the organisation Brook who we believe are using them in their submission).

- A woman who was desperately trying to shake an addiction to heroin who was given conflicting advice by several agencies about her ability to obtain an abortion while taking methadone.

- A girl under the age of 16 who only had one, abusive, parent and was not able to disclose her pregnancy to anyone in her life over the age of 18. Clinics in England require minors to be accompanied by someone over the age of 18.

- Clients in abusive relationships whose partners hide or destroy (burning seems to be popular) all photo ID to prevent them from travelling to obtain abortion care.

- Healthcare professionals who purposely subvert patients who are seeking abortion care. For instance, one of our clients was just coming out on the other side of serious mental health issues and was on a number of SSRIs and anti-psychotic medicines. She contacted her GP, who had helped her through these issues, and told the GP she was pregnant and of her intention to terminate and asked for help. The GP agreed to help and requested that she come into the office, bringing all her medication so the GP could check it. When she attended the appointment, the GP took the medication from her, saying it would be “bad for the baby” and that she should begin taking pre-natal vitamins.

This is a limited number of case studies, provided to give the committee a flavour of how the current situation adversely impacts those who are most vulnerable.
8. Other obstacles that arise when you are forced to travel to another country for a medical procedure include:

- Clients who have medical issues that mean they need appointments in hospitals. Prior to the launch of the Central Booking System, many clients would fly to England for treatment and, once in clinic, be told that their medical conditions require them to travel back to England another time to be seen in hospital. These “conditions” could be as seemingly inconsequential as having low iron, having a high BMI or being on antibiotics, or as serious as a respiratory disorder or having had multiple caesarean sections.

- A number of clients, including since the implementation of the CBS system, who need to make two trips to England. This most commonly occurs in two situations. The first is where the pregnant person had miscalculated how advanced the pregnancy is, and has been scheduled into a clinic on a day when they cannot be seen. For instance, someone thinks they are 9 weeks pregnant, but are discovered to be 13 weeks on a day when the clinic they have attended is only doing MVA procedures up to 12 weeks. The second is with clients who are in such a rush to have the procedure done that they spend money on expensive last-minute plane tickets only to be told in clinic that their pregnancy is too small to see on an ultrasound (if they can't see a pregnancy, they can't remove a pregnancy).

- People in Northern Ireland are without a reliable, well known source for unbiased information. While the NIFPA (Northern Irish Family Planning Association) has two locations in Northern Ireland, the “average” person looking for information on the internet or even from a local GP is likely to be given biased, medically inaccurate or medically misleading information about abortion, how to access one legally, and abortion’s proven side effects.

9. Since we launched in October 2009, Abortion Support Network has heard from about 1,080 women and pregnant people in Northern Ireland. As stated above, client calls from Northern Ireland remained steady from 2012 to 2015 despite increases from the Republic of Ireland, with increases happening when the PSNI began arresting and charging people with procuring and taking early medical abortion pills. ASN expected to see a decrease in the number of people contacting us from Northern Ireland with the announcement of the availability of free abortion care in England for those who could travel, including travel costs for those who are eligible. Following are ASN’s numbers of how many people have contacted us from Northern Ireland, keeping in mind that our numbers are usually made of those who are most vulnerable/ at risk.

- 2014: 141, or about 12 per month
- 2015: 139, or about 11 per month
- 2016: 166, or about 14 per month
- 2017: 184, or about 15 per month
- 2018: 72, or about 5 per month

10. ASN also broke down the number of calls received from Northern Ireland from the time the “free abortion in England” scheme was announced, or:

- Oct 2017-Feb 2018 (from the announcement to the launch of the Central Booking System): 27, or about 7 per month
March – Nov 2018 (from launch of the Central Booking System through now): 39, or just over 3 per month

11. Given that ASN is only ever contacted by a small portion of those who are seeking abortions, we are concerned at the number of people who contact us who do not know about the availability of free abortions in England. A number of those who have contacted us have delayed booking appointments or contacting clinics in England while they raised funds, adding to stress as well as, in some cases, requiring them to travel for more invasive abortion procedures. We also know that some clients who reach out to ASN never ring us but find out about the funding in England from the ASN home page. It’s a sad state of affairs when women and pregnant people in Northern Ireland are finding out about access to healthcare from a grassroots charity in England, rather than from their own government / Department of Health / healthcare professionals.

RECOMMENDATIONS

12. We recommend the repeal of Articles 58 and 59, and for abortion to be treated as a human rights issue. If not, the issues and situations we detail in this submission, as well as the many we did not share with you, will continue.

CONCLUSION

13. We urge the government to remember that restrictive abortion laws only ever harm those who are already the most vulnerable, at risk and marginalised. We urge the government to treat abortion as a human right, rather than a political issue. We urge the government to make abortion for those in Northern Ireland to be available in Northern Ireland rather than in England and other countries.

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